

TRANSMITTAL FORM

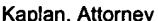
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/805,333
		Filing Date	March 12, 2001
		First Named Inventor	Subramanian Meiyappan
		Art Unit	2193
		Examiner Name	Chat C. Do
Total Number of Pages in This Submission	7	Attorney Docket Number	CISCP675

ENCLOSURES *(Check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form (PTOL-85)	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC		
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> </tr> <tr> <td>The commissioner is authorized to charge any additional fees to Deposit Account 50-1652.</td> </tr> </table>			Remarks	The commissioner is authorized to charge any additional fees to Deposit Account 50-1652.
Remarks				
The commissioner is authorized to charge any additional fees to Deposit Account 50-1652.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cindy Kaplan, Attorney at Law		
Signature			
Printed name	Cindy Kaplan		
Date	November 7, 2005	Reg. No.	40,043

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Cindy Kaplan	Date	November 7, 2005

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